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Bib Data Sheet

SERIAL NUMBER 09/439,555	FILING DATE 11/12/1999 RULE	CLASS 348	GROUP ART UNIT 2612	ATTORNEY DOCKET NO. B208-1060	
APPLICANTS HITOSHI YASUDA, TOKYO, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN HEI 10-329564 11/19/1998 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/07/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY JAPAN	SHEETS DRAWING 9	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
ADDRESS 26272 ROBIN BLECKER & DALEY 2ND FLOOR 330 MADISON AVENUE NEW YORK , NY 10017					
TITLE FOCUS ADJUSTING APPARATUS AND FOCUS ADJUSTING METHOD					
FILING FEE RECEIVED 1058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)		

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APPLICANT	HITOSHI YASUDA, TOKYO, JAPAN.				
	CONTINUING DOMESTIC DATA*** VERIFIED 				
	371 (NAT'L STAGE) DATA*** VERIFIED 				
	FOREIGN APPLICATIONS*** VERIFIED JAPAN HEI 10-329564 11/19/98 				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/07/99					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>		STATE OR COUNTRY JPX	SHEETS DRAWING 9	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
ADDRESS	JAMES J DALEY ROBIN BLECKER DALEY AND DRISCOLL 330 MADISON AVENUE NEW YORK NY 10017				
	TITLE FOCUS ADJUSTING APPARATUS AND FOCUS ADJUSTING METHOD				
FILING FEE RECEIVED \$1,058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		